

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JAN 31 1946
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether In this community Life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oac

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1203 Wilmington Ave.,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Joseph Megal

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-07-8953

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 7th, year 1946 hour 12:10 minute 50 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucille 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Feb. 2nd, 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1945 to Jan 2 1946 that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>49</u>	<u>11</u>	<u>5</u>	hr. _____ min.

Due to Chrom Hypertension 1 yr

Due to Chrom Coronary disease 1 yr

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Credit man

Major findings: 9/2

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name John Megal

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Lena Ronczker

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Lucille Megal

(b) Address 1203 Wilmington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/46
(Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus Cem.

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature A. M. [unclear] (M. D. or other) _____

Address 3651 Bristol Py Date signed Jan 10

18. (a) Signature of funeral director John J. [unclear]

(b) Address 7027 Gravois Ave.

19. (a) Jan 11 1946 (b) _____
(Date received local registrar) (Registrar's signature)

Duration Included

PHYSICIAN

Underline the cause to which death should be charged statistically.

2842

1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.